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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16(e))
required)

Attorney Docket Number	021989.000710US
First Named Inventor	George H. Lowell, et al.
COMPLETE IF KNOWN	
Application Number	10/706,275
Filing Date	11/13/03
Art Unit	1642
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Vaccine

(Title of the Invention) VACCINE

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)

11/13/03

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
2002302132	Australia	11/15/02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Approved for use through 07/31/2006. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number 20350 <input type="checkbox"/> Correspondence address below		
Name			
Address			
City	State	ZIP	
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) George H.		Family Name or Surname Lowell	
Inventor's Signature			Date
Residence: City Montreal	State Quebec	Country Canada	Citizenship Canada
Mailing Address 185 Eton Crescent			
City Montreal	State Quebec	ZIP H3X 3K4	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gregory L.		Family Name or Surname White	
Inventor's Signature			Date
Residence: City Beaconsfield	State Quebec	Country Canada	Citizenship USA
Mailing Address 475 Coronet Avenue			
City Beaconsfield	State Quebec	ZIP H9A 1Z8	Country Canada
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

60168135 v1

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Page 3 of 4

Name of Additional Joint Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any))		Family Name or Surname			
Michael Raymond		Batzloff			
Inventor's Signature					
Residence: City	Coopers Plains	State	Queensland	Country	Australia
Mailing Address	4 Atkinson Close				
Mailing Address					
City	Coopers Plains	State	Queensland	ZIP	4108
Name of Additional Joint Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
David S.		Burt			
Inventor's Signature					
Residence: City	Dollard Des Ormeaux	State	Quebec	Country	Canada
Mailing Address	23 Lésage Road				
Mailing Address					
City	Dollard Des Ormeaux	State	Quebec	ZIP	H3X 3KA
Name of Additional Joint Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Tomas B.		Leanderson			
Inventor's Signature					
Residence: City	Malmö	State		Country	Sweden
Mailing Address	Salongsgatan 16B				
Mailing Address					
City	Malmö	State		ZIP	SE-211 16

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.
60168172 v1

<p style="text-align: center;">O V P E DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><i>AUG 23 2004 LS</i></p> <p><i>TRADEMARK OFFICE</i></p>	Attorney Docket Number	021989.000710US
	First Named Inventor	George H. Lowell, et al.
COMPLETE IF KNOWN		
<input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Application Number	10/706,275
	Filing Date	11/13/03
	Art Unit	1642
	Examiner Name	

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Vaccine

(Title of the Invention) VACCINE

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

11/13/03

as United States Application Number or PCT International

Application Number 10/706,275 and was amended on (MM/DD/YYYY) _____ (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2002302132	Australia	11/15/02	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number **20350** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) George H.	Family Name or Surname Lowell
--	-------------------------------------

Inventor's Signature		Date <i>25 May 2004</i>
-------------------------	--	----------------------------

Residence: City Montreal	State Quebec	Country Canada	Citizenship Canada USA
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Mailing Address
185 Eton Crescent

City Montreal	State Quebec	ZIP H3X 3K4	Country Canada
------------------	-----------------	----------------	-------------------

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Gregory L.	Family Name or Surname White
---	------------------------------------

Inventor's Signature		Date <i>25 May 2004</i>
-------------------------	--	----------------------------

Residence: City Beaconsfield	State Quebec	Country Canada	Citizenship USA
---------------------------------	-----------------	-------------------	--------------------

Mailing Address
475 Coronet Avenue

City Beaconsfield	State Quebec	ZIP H9A 1Z8	Country Canada
----------------------	-----------------	----------------	-------------------

Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

[Page 2 of 2]

60168135 v1

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
				Page _____ of _____			
Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle if any))				Family Name or Surname			
Michael Raymond				Batzloff			
Inventor's Signature				Date			
Residence: City	Coopers Plains	State	Queensland	Country	Australia	Citizenship	Australia
Mailing Address	4 Atkinson Close						
Mailing Address							
City	Coopers Plains	State	Queensland	ZIP	4108	Country	Australia
Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
David S.				Burt			
Inventor's Signature	<i>D. Burt</i>				Date <i>25 May 2004</i>		
Residence: City	Dollard Des Ormeaux	State	Quebec	Country	Canada	Citizenship	Canada
Mailing Address	23 L'usage-Road 380 Newton Rd						
Mailing Address							
City	Dollard Des Ormeaux	State	Quebec	ZIP	<i>H9A 3K4</i>	Country	Canada
Name of Additional Joint Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tomas B.				Leanderson			
Inventor's Signature					Date		
Residence: City	Malmo	State		Country	Sweden	Citizenship	Sweden
Mailing Address	Rodergatan 8B						
Mailing Address							
City	Malmo	State		ZIP	211 16	Country	Sweden

60168172 v1

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Page _____ of _____			
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any))		Family Name or Surname	
Michael F.		Good	
Inventor's Signature		Date	
Residence: City	Queensland	State	Country Australia
Mailing Address 46 Weemala Street, The Gap			
Mailing Address			
City	Queensland	State	ZIP 4061 Country Australia
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP Country
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country Citizenship
Mailing Address			
Mailing Address			
City		State	ZIP Country

60179991 v1

PATENT & TRADEMARK OFFICE AUG 23 2006 DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	021989.000710US
	First Named Inventor	George H. Lowell, et al.
COMPLETE IF KNOWN		
	Application Number	10/706,275
	Filing Date	11/13/03
	Art Unit	1642
	Examiner Name	

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(Title of the Invention) VACCINE

the specification of which

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Name					
Address					
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Country		Telephone		Fax	
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) George H.		Family Name or Surname Lowell			
Inventor's Signature				Date	
Residence: City Montreal	State Quebec	Country Canada	Citizenship Canada		
Mailing Address 185 Eton Crescent					
City Montreal	State Quebec	ZIP H3X 3K4	Country Canada		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Gregory L.		Family Name or Surname White			
Inventor's Signature				Date	
Residence: City Beaconsfield	State Quebec	Country Canada	Citizenship USA		
Mailing Address 475 Coronet Avenue					
City Beaconsfield	State Quebec	ZIP H9A 1Z8	Country Canada		
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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60168135 v1

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Given Name (first and middle if any))		Family Name or Surname		
Michael Raymond		Batzloff		
Inventor's Signature	<i>M R Batzloff</i>		Date <u>26/5/04</u>	
Residence: City	Coopers Plains	State	Queensland	Country Australia
Mailing Address	4 Atkinson Close			
Mailing Address				
City	Coopers Plains	State	Queensland	ZIP 4108 Country Australia
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David S.		Burt		
Inventor's Signature			Date	
Residence: City	Dollard Des Ormeaux	State	Quebec	Country Canada
Mailing Address	23 Leseage Road			
Mailing Address				
City	Dollard Des Ormeaux	State	Quebec	ZIP H3X 3KA Country Canada
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Tomas B.		Leanderson		
Inventor's Signature			Date	
Residence: City	Malmo	State	Country Sweden	Citizenship Sweden
Mailing Address	Rodergatan 8B			
Mailing Address				
City	Malmo	State	ZIP 211 16	Country Sweden

60168172 v1

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page _____ of _____	
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)) Michael F.		Family Name or Surname Good	
Inventor's Signature <i>m. f. fossil</i>		Date <i>26/5/4</i>	
Residence: City	The Gap	State	Queensland Country Australia Citizenship Australia
Mailing Address	46 Weemala Street		
Mailing Address			
City	The Gap	State	Queensland ZIP 4061 Country Australia
Name of Additional Joint Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
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Inventor's Signature		Date	
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Mailing Address			
Mailing Address			
City	State	ZIP	Country

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